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Jul 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07098 (9)

BILTMORE HOMEOWNERS ASSOCIATION OF CORAL GABLES, INC.



Principal Place of Business: 3252 RIVIERA DR, CORAL GABLES FL 33134-6400, US  
Mailing Address: 3252 RIVIERA DR, CORAL GABLES FL 33134-6400, US

3. Date Incorporated or Qualified: 01/14/1985  
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, and Zip/Country.

FEI Number: 59-2491600  
Certificate of Status Desired:   
Applied For: Not Applicable  
Additional Fee Required: \$8.75  
\$5.00 May Be Added to Fees  
This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: BRUCE, DR. THOR W., 3252 RIVIERA DR, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows for Officers and Directors (12). Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 4 rows for Changes to Officers and Directors (15). Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addit.

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cc 7/23  
original filed 2/28/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sharon Bruce Thor W. Bruce pres* 7/18/97 (305)444-1600